

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/663082
APPLICANT(S) _____

FILED DATE _____

		5/18/05						CLAIMS					
		AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
		IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP
1		1		1				51					
2					1			52					
3			1					53					
4			1					54					
5			1		1			55					
6			1		1			56					
7			1					57					
8		1		1				58					
9		1		1				59					
10		1						60					
11		1		1				61					
12		1		1				62					
13		1			4			63					
14			6					64					
15								65					
16								66					
17								67					
18								68					
19								69					
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41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.		7		5				TOTAL IND.					
TOTAL DEP.		11		7				TOTAL DEP.					
TOTAL CLASSES		18		12				TOTAL CLASSES					